

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/051843	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1										
2	1									
3		2								
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8	1									
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TOTAL IND.	14									
TOTAL DEP.	35									
TOTAL CLAIMS	49									
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TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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